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Bib Data Sheet

CONFIRMATION NO. 8619

SERIAL NUMBER 10/681,068	FILING DATE 10/07/2003 RULE	CLASS 434	GROUP ART UNIT 3715	ATTORNEY DOCKET NO. 10030549-1
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12/9/05
qas12/9/05
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/31/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	DRAWING 3	17	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

AGILENT TECHNOLOGIES, INC.
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TITLE

Cost estimation for device testing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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